

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Robe	ert Clegg, Debra Vanderb	eek, Periklis Karoutas, Lean	Moccia
II. Name of lobbyist's partne	ership, firm or corporatio	n, if any:	
Legislative S	olutions, L.L.C.		
(Name of par	tnership, firm or corporation)		
P.O. Box 1	.0724 Bedfo	rd NH	03110
Business Address: (Street)	(Town/C	City) (State)	(Zip Code)
() 603-986-9145	()	e-mail dbe	ek@aol.com
(Telephone)		(Fax)	
reportable expense transact	ons which are not attribu	table to any one client).	you may file a separate report for
☐ All reportable transactions	occurring in the months pr	rior to the reporting date relative	ve to the following client:
	ite State Independent Liv		
(Full N OR	lame of Client as it appears on	the Lobbyist Registration Form)	
		he lobbyist's family), or the lo	bbying firm listed below which are
	26, 2017	July 26, 2017 activity from 4/1/17 to 6	
	ber 25, 2017	January 31, 20	
асичну з	from 7/1/17 to 9/30/17	activity from 10/1/17 to	
	-	rtable transactions made s it to the Secretary of State's O	-
VI. Check if additional repo			
		must file Addendum A – Fees	
☐ If you have paid an honor Expense Reimbursement	arium or reimbursed expen	ses, you must file Addendum	B- Report of Honorariums or
☐ If you, your firm, or your	family has made political c	ontributions, you must file Ad	dendum C-Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of my	B, RSA 14-C and RSA 664	and hereby swear or affirm the	at the foregoing information is true
(Signature of lobbyist)	c (leg)	<i></i>	(Date) RECEIVE
Robert Clegg (Print Name of lobbyist)			JUL 31 2017
			44- A - FOII

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

T. N ST L	ras Lanna Massia
I. Name of Lobbyist's partnership, firm or corporation, if any	as, Leathi Moccia .
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)	
III. Name of Client Granite State Independent Living	Date July 10, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 4500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 4500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4500.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 4500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
Signature of lobbyist)	July 10, 2017 (Date)
Robert Clegg (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Signature of lobbyist)

Debra Vanderbeek

(Print Name of lobbyist)

Statement of Income and Expenses for:						
Name of	Lobbying par	rtnership, firm, or corpo	ration: Legislative S	olutions		
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client):						
Date of R	eport (check	one):				
April 26,	2017 🗆	July 26, 2017 💆	October 25, 2017 🗆	January 31, 2018 □		
the follow submitted A	ving Addend	ums submitted with the s).		nd Expenses described above, and umber of Addendum forms being		
	,	rm that the foregoing in f my knowledge and bel		nt and each Addendum is true and		

July 10, 2017

(Date)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions
	blank if Statement is fo	_	corporation and not related to an
Date of Report (checi	one):		
April 26, 2017 □	July 26, 2017	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
the following Addend	lums submitted with th		•
the following Addenous submitted):	lums submitted with the		•
the following Addendsubmitted): Addendum A	lums submitted with the s).		•
the following Addends submitted): Addendum Addendum Bo Addendum Co I hereby swear or affi	lums submitted with the s). s). s).	at Statement (insert the n	•

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	affirmation by Lobby te and Expenses for:			
Name of Lobbying partnership, firm, or corporation:		oration: Legislative S	Legislative Solutions	
Name of Client (leave particular client):		or the partnership, firm, or	corporation and not re	elated to any
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017	October 25, 2017 🗆	January 31, 2018	
		he Statement of Income a at Statement (insert the r		
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			•
complete to the best of	f my knowledge and bel		nt and each Addendun	n is true and
Hunn	Mocrio	<u>July</u>	10, 2017	
(Signature of lobbyist)			(Date)	
Leann Moccia				